

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-979)

FILED DATE  
19/9/4638  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			A		B		
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

BEST AVAILABLE COPY